**Mold Concern Investigations**

This document is intended to assist campuses with gathering information when investigating and responding to mold and mildew concerns within the campus community.

**Contact Information of Individual Conducting the Investigation**

|  |  |  |
| --- | --- | --- |
| **Name**: | **Email**:  | **Date**: |
| **Job Title**: |

**Contact Information of** **Reporting Individual**

(Include the student’s name if the concern is in a residential hall.)

|  |  |  |
| --- | --- | --- |
| **Name**: | **Email**:  | **Date**: |
| **Job Title**: |  |  |
| **Building/ Floor/ Room #**:  |  |  |

**Interview Questions for Reporting Individual**

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| --- |
| **Reason for Concern** (Symptoms/Complaint): |
| **Timeline** (when symptoms or concern started; pattern, duration, etc.): | **Amount of time the individual has occupied the building/room of concern**:  |
| **Hrs. per day in building**: | **How many hrs. are spent in each room**?  |
| **Additional Information/Comments:**  |

**General Building Background Information**

|  |  |  |
| --- | --- | --- |
| **Age of Building**: | **Number of stories**:  | **Basement**: *None/ Unfinished/ Finished* |
| **Carpeting:** *Yes/ No* | If yes, please explain condition of carpet: |
| **Recent Construction:** *Yes/ No* | If yes, please explain: |
| **Are there water entry signs?***Yes/ No* | If yes, please explain:  |
| **Is there a history of water intrusion/moisture?** *Yes/ No* | If yes, what type of cleanup was performed:*3rd Party/ In-house- Facilities* |
| **Other Observations/ Additional Comments**: |

**Room or Area of Concern Information**

Room Number:

|  |  |
| --- | --- |
| **Odors Present:***Yes: Mold or Mildew / No* | **Visual Observation:** Dust/ Leak/ Water Stains |
| **Moisture History:** *Yes/ No* | If yes, please explain:  |
| **Windows:** *Kept shut/ Open/ Varies* | If ‘open’ or ‘varies’, please explain: |
| **Water Entry Signs:** *Yes/ No* | If yes, please explain:  |
| **Other Observations/ Additional Comments**: |

**Humidifiers**

(Devices to add moisture to air)

**If Present:**

|  |  |
| --- | --- |
| **Type:** *In Room/ At Furnace* | **Other observations**: |

**Dehumidifiers**

(Devices to remove moisture to air)

**If Present:**

|  |  |
| --- | --- |
| **In use:***Yes/ No* | **Other observations**: |

**Air- Conditioning**

**If Present:**

|  |  |
| --- | --- |
| **Type:***Central Air/ Room Unit* | **Other observations**: |

**Does the Environmental Health and Safety (EHS) Department? \_\_\_\_\_Yes \_\_\_\_No**

**The EHS Department must be notified if:**

* The visible mold surface area is too large to be cleaned by Custodial Services
* The Complainant has asked for air quality testing

**Other Observations/ Additional Comments:**

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| --- |
|  |

**Investigator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**